



Montana Department of Transportation

Fuel Tax Section

PO Box 201001

Helena, MT 59620-1001

Phone: (406) 444-7276 Fax: (406) 444-5411 TTY: (406) 444-7696

www.mdt.mt.gov

Do Not Write in this Space

Application for Gasoline and/or Special Fuel Distributor License

Instructions: Complete this form.

Application is hereby made for a Gasoline and/or Special Fuel Distributor License in the state of Montana. This is required to comply with Title 15, Ch. 70, Part 2 and Part 3, MCA.

Name of Applicant (print Last, First, Middle):	Phone #:	FAX #:	Date of Application:
Trade Name:	Email:	FEIN:	
Mailing Address (Number and Street):	City/Town:	State/Country:	Zip Code:
Location Address (Number and Street):	City/Town:	State/Country:	Zip Code:

Has this company ever been licensed as a distributor in Montana? If yes, when and under what name?

Check the option(s) that is/are the company's major endeavor(s) in Montana:

☐ Refiner ☐ Importer ☐ Exporter ☐ Gasohol Blender ☐ Wholesaler

Is this company currently licensed in any other state(s)? ☐ Yes ☐ No If "Yes," List state(s) and license number(s).

State:	License #:	State:	License #:	State:	License #:
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Is applicant currently licensed with the Internal Revenue Service to receive fuel EX-TAX? ☐ Yes ☐ No If "Yes" provide 637 _____

Person Responsible for Filing required Monthly Reports

Name (Last, First, Middle):	Email Address:	Phone #: ()
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Address where Records will be Maintained

Address:	City/Town:	State/Country:	Zip Code:
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Estimated number of gallons of fuel imported per month:	Gas: _____	Estimated number of gallons of fuel acquired in Montana per month:	Gas: _____
	Diesel: _____		Diesel: _____
	Aviation: _____		Aviation: _____
	Bio-Fuels: _____		Bio-Fuels: _____
Estimated number of gallons of fuel exported from Montana per month:	Gas: _____	Estimated number of gallons of fuel sold in Montana per month:	Gas: _____
	Diesel: _____		Diesel: _____
	Aviation: _____		Aviation: _____
	Bio-Fuels: _____		Bio-Fuels: _____

List all your Suppliers of Fuel and their Locations

What type of carrier do you plan to use to receive or import fuel into Montana? (Check all that apply). ☐ Pipeline ☐ Tank Car ☐ Tank Truck Proprietary Equipment ☐ Tanker ☐ Tank Truck Common or Contract Carrier

List all Bulk Plant and Terminal Storage Facilities where Fuel will be Stored

Location	Bulk Plant or Terminal	Owned or Leased	Operator	Total Tank Capacity

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other collecting agencies.

Alternative accessible formats of this document will be provided on request.

If Proprietorship – Provide the Following Information				
Date Started	Social Security Number	Full Name		Birth date
Home Address (Number and Street)		City/Town	State/Country	Zip Code
If a Partnership – Provide the Following Information				
Partner Names	Social Security Number	Home Address	Birth date	% Owned
If a Corporation – Provide the Following Information				
Officers Names	Social Security Number	Title	Birth date	% Owned
State or Country Where Incorporated:		Date Incorporated:	Corporation Number:	
<i>Note: On a Separate sheet of paper, list the names of stockholders holding 10% or more of the outstanding shares of stock in the corporation.</i>				
List any Affiliates – Wholly Owned Subsidiaries – Parent Company, etc. (Name and Location)				
** Notice**				
A licensed Montana Gasoline and/or Special Fuel distributor is required to keep and maintain, for a period of three years, a complete record of fuel sold and distributed within Montana. Sec. 15-70-212 and Sec. 15-70-345, MCA.				
An applicant may be required to provide additional information, including, but not limited to, copies of federal income tax returns and federal excise tax returns for the past three years for individual, partnerships, and corporations, including the returns of officers and partners. An applicant may be required to provide a current credit report.				
The Montana Department of Transportation reserves the right to investigate all applicants prior to issuance of a gasoline and/or special fuel distributor license in Montana. Sec. 15-70-202 and Sec. 15-70-341, MCA.				
All applications that do not require additional investigation will be processed within ten (10) working days after they are received.				
The undersigned applicant hereby authorizes full disclosure of any and all information which the Montana Department of Transportation may request from agencies in other jurisdictions, agencies of the federal government, foreign countries, petroleum suppliers, lending institutions and other entities with which you transact business, and further agrees to hold harmless these providers of information.				
The undersigned applicant hereby further agrees that the Montana Department of Transportation may share any and all information obtained in its investigation of information contained in this application, as well as any information contained in tax reports subsequently filed by the applicant, with agencies in other jurisdictions, agencies of the federal government and foreign countries having regulatory or taxing authority.				
Under penalties of perjury, the undersigned applicant certifies that all information contained in this application is true and accurate and the number shown on this form is the correct taxpayer identification number. This certification is given with the understanding that it is a crime, under Sec. 15-70-232 and Sec. 15-70-366, MCA, to certify the truth of a statement knowing that the statement is not true. Such a crime is punishable by a jail sentence of up to 6 months or a fine of \$1000 or both.				
Name of Applicant (Printed)		Signature of Applicant		Date Signed
		X		
Official Holding Proper Authority (Print Name and Title)				
Signature of Official				Date Signed
X				